

State of Hawaii
Department of Health
Developmental Disabilities Division
Case Management and Information Services Branch

Request for Proposals

RFP No. 501-1 **Community Living Resources For** **Individuals with DD/MR**

October 2004

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2004

REQUEST FOR PROPOSALS

Community Living Resources for Individuals with DD/MR RFP No. DOH- 501-1

The Department of Health, Developmental Disabilities Division, Case Management and Information Services Branch, is requesting proposals from qualified applicants to provide community living resources, including both long-term and short-term supports to individuals with developmental disabilities/mental retardation. The contract term will be from July 1, 2005 through June 30, 2009. Single or multiple contracts will be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 14, 2005, or hand delivered no later than 4:30 p.m., Hawaii Standard Time (HST), on January 14, 2005, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The Developmental Disabilities Division will conduct an orientation on November 8, 2004 from 9:00 a.m. to 11:00 a.m. HST, at the Video Conference Centers located at:

Oahu- Keoni Ana Bldg. (1177 Alakea St., Rm. 302)

Hilo- Hilo State Office Bldg. (75 Aupuni St., Basement)

Kona- Kona Community Hospital (79-1019 Haukapila St., Special Services Bldg., Ground Floor)

Kauai- Lihue State Office Bldg. (3060 Eiwa St., Basement)

Maui- Wailuku Judiciary Bldg. (2145 Main St., 1st Floor)

All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on November 30, 2004. All written questions will receive a written response from the State on or about December 15, 2004.

Inquiries regarding this RFP should be directed to the RFP contact person, Ms. Margery Sheehan at 3627 Kilauea Avenue, Room 109, Honolulu, Hawaii 96816, telephone: (808) 733-9177, fax: (808) 733-9182, e-mail: mysheeha@mail.health.state.hi.us.

PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

ONE ORIGINAL AND FOUR COPIES OF THE PROPOSAL ARE REQUIRED.

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE (USPS) BEFORE
12:00 MIDNIGHT,
January 14, 2005**

All Mail-ins

Department of Health
Administrative Services Office
P.O. Box 3378
Honolulu, Hawaii 96801-3378

DOH RFP COORDINATOR

Valerie K. Ako
For further info or inquiries
Phone: (808) 586-4556
Fax: (808) 586-4649

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M.,
Hawaii Standard Time (HST) January 14, 2005.**

Drop-off Sites

For applicants located on **Oahu**:

Department of Health
Administrative Services Office
Room 310, Kinau Hale
1250 Punchbowl Street
Honolulu, HI 96313

For applicants located in **East Hawaii**:

Department of Health
Hawaii District Health Office
State Office Building, Room 105
75 Aupuni Street
Hilo, Hawaii
Attn: DOH Administrative Services Office

For applicants located in **West Hawaii**:

Department of Health
Hawaii District Health Office at Kona
Kealahakua Business Plaza, Room 103
81-980 Haleki'i Street
Kealahakua, Hawaii
Attn: DOH Administrative Services Office

For applicants located on **Kauai**:

Department of Health
Kauai District Health Office
Lihue Health Center
3040 Umi Street
Lihue, Kauai
Attn: DOH Administrative Services Office

For applicants located on **Maui**:

Department of Health
Maui District Health Office
State Office Building, 3rd Floor
54 High Street
Waikulu, Maui
Attn: DOH Administrative Services Office

BE ADVISED: All mail-ins postmarked by USPS after midnight, January 14, 2005, will not be accepted for review and will be returned.

Hand deliveries will not be accepted after 4:30 p.m., HST, January 14, 2005.

Deliveries by private mail services, such as FedEx or UPS, shall be considered hand deliveries, and will not be accepted if received after 4:30 p.m., HST, January 14, 2005.

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Section 1

Administrative Overview

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, Proposal Application Instructions--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Developmental Disabilities Division, Case Management and Information
Services

Department of Health

State of Hawai'i 3627 Kilauea Avenue, Room 411 Honolulu, Hawaii 96816

Phone (808) 733-9167 Fax: (808) 733-9841

IV. Procurement Timetable

Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	10/12/2004
Distribution of RFP	10/12/2004
RFP orientation session	11/08/2004
Closing date for submission of written questions for written responses	11/30/2004
State purchasing agency's response to applicants' written questions	12/15/2004
Discussions with applicant prior to proposal submittal deadline (optional)	10/12/2004- 01/04/2005
Proposal submittal deadline	01/14/2005
Discussions with applicant after proposal submittal deadline (optional)	01/14/2005- 01/31/2005
Final revised proposals (optional)	02/14/2005
Proposal evaluation period	02/15/2005- 03/11/2005
Provider selection	03/11/2005- 03/18/2005
Notice of statement of findings and decision	03/21/2005- 03/24/2005
Contract start date	07/01/2005

V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows:

Date:	November 8, 2004	Time:	9:00 a.m. to 11:00 a.m.
Location:	Oahu- Keoni Ana Bldg. (1177 Alakea St., Rm. 302)		
Video	Hilo- Hilo State Office Bldg. (75 Aupuni St., Basement)		
Conference Centers	Kona- Kona Community Hospital (79-1019 Haukapila St., Special Services Bldg., Ground Floor)		
	Kauai- Lihue State Office Bldg. (3060 Eiwa St., Basement)		
	Maui- Wailuku Judiciary Bldg. (2145 Main St., 1st Floor)		

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers

provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the next paragraph (VI. Submission of Questions).

IV. Submission of Questions

Applicants may submit questions to the RFP Contact Person identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency.

Deadline for submission of written questions:

Date: November 30, 2004 **Time:** 4:30 p.m. HST

State agency responses to applicant written questions will be provided by:

Date: December 15, 2004

VII. Submission of Proposals

A. Forms/Formats - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: www.spo.hawaii.gov, click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)

5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: <http://www.spo.hawaii.gov>, click *Procurement of Health and Human Services*, and *For Private Providers* and *Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.
6. **Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawaii, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at www.hawaii.gov/tax/tax.html.

- B. **Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. **Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. **Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

The DDD will not accept faxed, non-printed, or electronically transferred proposals from applicants.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawaii State Legislature website at <http://www.capitol.hawaii.gov/>. Or go directly to: http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

Note that price is not considered confidential and will not be withheld.

VIII. Discussions with Applicants

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

IX. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

X. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

XI. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XII. Final Revised Proposals

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

XIII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIV. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XVI. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

XVII. Notice of Award

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

XVIII. Protests

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Chiyome L. Fukino, M.D.	Name: Ann Kinningham
Title: Director of Health	Title: Chief, Administrative Services Office
Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801	Mailing Address: P.O. Box 3378 Honolulu, Hawaii 96801
Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813	Business Address: 1250 Punchbowl Street, Honolulu, Hawaii 96813

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

XX. Monitoring and Evaluation

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance/Outcome Measures
- (2) Output Measures
- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

Section 2

Service Specifications

Section 2

Service Specifications

I. Introduction

A. Overview, purpose or need

In accordance with Chapter 333F, Hawaii Revised Statutes (HRS), the Department of Health (DOH), Developmental Disabilities Division (DDD), is responsible for developing, administering, coordinating and setting direction for a comprehensive system of supports and services for persons with developmental disabilities or mental retardation. The purpose of this RFP is to procure services for individuals with Developmental Disabilities/Mental Retardation (DD/MR) eligible for services under Chapter 333F, HRS. The target population is individuals with DD/MR not eligible for services under the Home and Community Based Services (HCBS) DD/MR Medicaid Waiver (DD/MR Waiver). Since all individuals known to the DDD system are not able to receive supports through the DD/MR Waiver, (currently, approximately 2,000 out of 3,200 individuals known to the DDD system receive supports via the DD/MR Waiver), the provision of services that are one hundred percent (100%) STATE-funded has remained instrumental for individuals not eligible for the DD/MR Waiver.

Services being procured will be known as Community Living Resources (CLR) and shall include both long and short-term supports. Planning activities for this service included an RFI held on August 5, 2004, family input meeting held on August 17, 2004, and general statewide solicitation of feedback on a draft Scope of Services distributed by the DDD in August 2004.

Currently, about 108 individuals statewide rely on POS funding for “long-term” supports, i.e., a “full-time” day program offered by the Person-Centered Adult Supports (PCAS) contract. These long-term, full-time supports become crucial for individuals after aging out of the Department of Education (DOE). Although programs have become more community-based and individualized, the “full-time” aspect of the support is seen as necessary for the individual, and their families and/or guardians for community living.

Currently, POS funding also assists individuals, and their families and/or guardians with “short-term” supports to supplement natural, community and entitlement supports. For FY 2003, there were 704 referrals statewide for individuals accessing the Partnerships in Community Living (PICL) contract. The annual average support via PICL was \$2,000 per referral. The most frequent support requested was companionship.

With two separate contracts, PCAS (long-term needs) and PICL (short-term needs) for the period July 1, 2001 until June 2005, key themes emerged in the direction of future POS funding:

- *Stakeholders expressed little interest about “funding streams” and emphasized flexibility and the importance of “less paperwork”.*
- *Over the years, long-term supports have become more individualized and community based, in the last four (4) years under PCAS, several providers delivered services in creative ways, with person-centered approaches.*
- *In addition, short-term supports have been instrumental for individuals and their families and/or guardians, because it offered supplemental supports tailored to individual needs.*

The DDD believes that combining both long and short-term services into one contract will further emphasize flexibility and further individualize services and supports to meet the needs of individuals with DD/MR. The DDD also believes that defining parameters for short-term supports will preserve use of this supplemental funding stream for the future.

B. Description of the goals of the service

Individuals shall receive person-centered, individualized supports that enhance the individual’s living in the community, defined as participation, partnership, and involvement in activities that increase (1) natural supports for the individual, (2) knowledge of the individual’s community, (3) opportunities for the individual to contribute to the community, and (4) the individual’s independence in the community.

C. Description of the target population to be served

For CLR long-term supports, the target population shall include adults with DD/MR who have been determined eligible, pursuant to Chapter 333F-2, HRS, by the DDD intake staff. Adults shall be defined as individuals eighteen (18) years of age or older who have exited the DOE. In accordance with Chapter 333F-2 (e), HRS, “[o]nly those individuals eligible for community services but not eligible for Medicaid waiver services or other federally reimbursed programs or for whom such services are not appropriate or not available based on their Individualized Service Plans (ISP) shall receive services and supports with one hundred percent (100%) STATE funds”.

For CLR short-term supports, the target population shall include children and adults with DD/MR who have been determined eligible, pursuant to Chapter 333F-2, HRS, by the DDD intake staff. In accordance with Chapter 333F-2 (e), HRS, “[o]nly those individuals eligible for community services but not eligible for Medicaid waiver services or other federally reimbursed programs or for whom such services are not appropriate or not available based on their ISP shall receive services and supports with one hundred percent (100%) STATE funds”.

D. Geographic coverage of service

Service areas for this RFP consists of the islands of Oahu, Kauai, Maui, Molokai, Lanai and Hawaii. The applicant may submit a proposal to serve any one or more of these areas. The applicant shall demonstrate actual capacity to provide the required services, including the ability to provide the organizational and administrative oversight of the service delivery within the geographic area(s).

E. Probable funding amounts, source, and period of availability

Approximate STATE Funding:

<i>FY 2006:</i>	<i>2.4 million</i>
<i>FY 2007:</i>	<i>2.4 million</i>
<i>FY 2008:</i>	<i>2.5 million</i>
<i>FY 2009:</i>	<i>2.5 million</i>

Subject to the availability of STATE funds.

II. General Requirements**A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

The PROVIDER shall develop, maintain, and comply with its policies and procedures on the following:

- a. Annual criminal history checks for all staff that have direct contact with CLR individuals admitted to the CLR Program;*
- b. Confidentiality of CLR individuals' records pursuant to Chapter 333F-8 (a) (9), HRS;*
- c. Admission and discharge policies for individuals in the CLR Program;*
- d. Protocols for communicable diseases and immunization;*
- e. Rights of individuals with DD/MR;*
- f. Grievance processes, including appeals for any denial of supports or services to individuals;*
- g. Protocols for general health and safety issues, including adverse event reporting;*
- h. Reporting alleged abuse and neglect incidents within the purview of Chapter 346, HRS, regarding Adult Protective Services and Chapter 350, HRS, regarding Child Protective Services, Department of Human Services;*
- i. Compliance with state and federal laws on discrimination;*
- j. Maintenance of fiscal, programmatic, and administrative records pertaining to services provided.*

B. Secondary purchaser participation
(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.

No Secondary purchases plan

C. Multiple or alternate proposals
(Refer to §3-143-605, HAR)

☒ Allowed ☐ Unallowed

D. Single or multiple contracts to be awarded
(Refer to §3-143-206, HAR)

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards:

State will award multiple contracts to ensure services are provided statewide

E. Single or multi-term contracts to be awarded (Refer to §3-149-302, HAR)

☐ Single term (≤ 2 yrs) ☒ Multi-term (> 2 yrs.)

Contract terms:

A four (4) year contract is planned, covering the period July 1, 2005 through June 30, 2009. The contract may be extended for not more than two (2) additional twelve (12) month periods, without resolicitation, upon mutual agreement in writing at least sixty (60) days prior to the expiration of the contract and the execution of a supplemental contract. The contract may be extended provided that the contract price shall remain the same or is adjusted per any contract price adjustment provision. The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

F. RFP contact person

The individual listed below is the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Contact person: Margery Sheehan at 733-9177 or FAX 733-9182 or
mysheeha@mail.health.state.hi.us

III. **Scope of Work**

The scope of work encompasses the following tasks and responsibilities:

A. **Service Activities**

(Minimum and/or mandatory tasks and responsibilities)

Goal of Service

Individuals shall receive person-centered, individualized supports that enhance the individual's living in the community, defined as participation, partnership, and involvement in activities that increase (1) natural supports for the individual, (2) knowledge of the individual's community, (3) opportunities for the individual to contribute to the community, and (4) the individual's independence in the community.

Service Activities

CLR shall provide cost effective, individualized services and supports for the target population. Both long and short-term services and supports shall be provided.

Individuals Needing Long-Term Supports

Individuals needing long-term supports shall be adults. Adults shall be defined as individuals eighteen (18) years of age or older who have exited the DOE. In accordance with Chapter 333F-2 (e), HRS, "[o]nly those individuals eligible for community services but not eligible for Medicaid waiver services or other federally reimbursed programs or for whom such services are not appropriate or not available based on their ISP shall receive services and supports with one hundred percent (100%) STATE funds".

A maximum "Full-Time Equivalency" (FTE) utilizing long-term supports shall be set by the STATE.

An "FTE" shall be determined based on an annual unit rate to be determined by the STATE.

A minimum number of individuals to be served shall be set by the STATE.

- 1. The PROVIDER shall ensure that the services and supports are individualized, person-centered, and meet the goal of CLR.*
- 2. The PROVIDER shall develop, write, and implement a CLR long-term plan within thirty (30) days of admission. The admission date shall be the date the PROVIDER receives the Referral, Admission, and Discharge (RAD) from the DDD.*

3. *The CLR long-term plan shall be based on discussion with the individual, family and/or guardian, circle of supports, and other person(s) chosen by the individual to be part of the planning process, and the DDD case manager.*
4. *The CLR Plan for long-term supports shall be goal oriented and describe objectives and activities that will be provided. The written plan shall include, but is not limited to:*
 - a. *Annual goal/outcome;*
 - b. *Objectives and activities to reach goal/outcome including measurement and timelines;*
 - c. *Responsible people to accomplish plan;*
 - d. *Documentation that individual, family and/or guardian, DDD case manager and PROVIDER staff provided input, if any, and agreed with the plan.*
5. *The CLR Plan for long-term supports shall be updated with the individual, the individual's family and/or guardian, and the DDD case manager, at least quarterly.*
6. *CLR long-term objectives and activities may include, but are not limited to, the following:*
 - a. *Relationship building: e.g., learning social skills, meeting new people, making new friends, keeping friends, having friends that will help you, having friends that you can help;*
 - b. *Learning to be a consumer: e.g., learning how to shop, purchase, bank, pay bills, how to budget money;*
 - c. *Personal assistance supports: e.g., receiving hands-on Activities of Daily Living (ADL) assistance, medical supplies and services;*
 - d. *Getting around: e.g., how to leave your house and return, how to catch the bus;*
 - e. *Communicating and expressing self: e.g., having conversations with friends, circle members, how to make emergency calls, speaking to groups;*
 - f. *Job support/coach: e.g., how to get a job, how to do a job, how to keep job;*
 - g. *Volunteer opportunity support: e.g., how to volunteer in one's community, exploring volunteer options;*
 - h. *Community activities: e.g., visiting new places and doing new things to increase knowledge of the community, learning about the community, using the library and other public resources in the community.*

Individuals Needing Short-Term Services and Supports

Individuals needing short-term supports shall include children and adults. In accordance with Chapter 333F-2 (e), HRS, “[o]nly those individuals eligible for community services but not eligible for Medicaid waiver services or other federally reimbursed programs or for whom such services are not appropriate or not available based on their ISP, shall receive services and supports with one hundred percent (100%) STATE funds”. Exceptions for dental services for adult

individuals receiving DD/MR Waiver services residing in the areas of Kauai, Maui, and Hawaii may be made on a case-by-case basis.

- 1. The PROVIDER shall ensure that the services and supports are individualized, person-centered, and meet the goal of CLR.*
- 2. The PROVIDER shall serve as many eligible individuals as possible on a first come, first-served basis.*
- 3. The PROVIDER shall provide short-term services and supports no greater than three thousand dollars (\$3,000.00) per referral.*
- 4. The PROVIDER shall provide technology supports on a one-time basis, not to exceed one thousand dollars (\$1,000.00). Technology supports shall generally include but are not limited to the following: computers, printers, scanners, cameras, programs.*
- 5. Exceptions to the three thousand dollars (\$3,000.00) per referral limit can be made on a case-by-case basis for Environmental Accessibility Adaptation (EAA) services.*
 - a. The family shall make a contribution to the cost of the EAA, if applicable.*
- 6. CLR short-term supports shall be defined as services and supports that do not exceed a twelve (12) month period for an individual.*
- 7. The PROVIDER shall contact the DDD case manager within fifteen (15) days of the individual's admission to the CLR program.*
- 8. The PROVIDER shall develop, write and implement a CLR short-term plan within thirty (30) days of admission to the CLR program. The admission date shall be the date the PROVIDER receives the Referral, Admission, and Discharge (RAD) from the DDD.*
- 7. The CLR short-term plan shall be based on discussion with the individual, family and/or guardian, circle of supports, and other person(s) chosen by the individual to be part of the planning process, and the DDD case manager.*
- 8. The CLR short-term plan shall be goal oriented and describe objectives and activities that will be provided. The written plan shall include, but is not limited to:*
 - a. Goal/outcome;*
 - b. Objectives/activities;*
 - c. Duration and frequency of the services or supports based on the RAD;*
 - d. Defining the tasks to be completed in order to obtain the services or supports;*
 - e. Identifying the responsible persons to complete the tasks;*
 - f. Establishing timelines to accomplish the tasks and procure the services or supports;*
 - g. Documentation of the approximate or "not to exceed cost" of the services and supports, when available ("not to exceed cost" shall be defined as funding amount identified on CLR short-term plan);*
 - h. Documentation that individual, family and/or guardian, DDD case manager and PROVIDER staff agreed with plan.*

9. *The CLR plan for purchases of short-term services and supports projected to last one (1) year shall be reviewed quarterly. At a minimum, the quarterly reviews shall include participation by the individual and/or family/guardian, the DDD case manager and responsible persons identified in the CLR short-term plan.*
 - a. *Additional funds shall not be added to the CLR plan unless authorized by the DDD case manager and approved by the advisory committee.*
10. *CLR short-term activities shall include the following:*
 - a. *Act as a procuring agent to meet the individual's needs, as identified in the ISP;*
 - b. *Ensure that only the services or supports identified on the CLR plan are purchased and are paid for within the timelines identified;*
 - c. *Facilitate the "best deal" for the identified service or support ("best deal" is defined as the service or support that meets the need of the individual considering cost, warranty and maintenance, practicality, and utilization factors);*
 - d. *Ensure that the individual receives the services or supports within the timeline established by the PROVIDER in the CLR planning process,*
 - e. *Act as a provider of services only if the following conditions are met:*
 - 1) *Ensure that the individual was offered available service or support options,*
 - 2) *Ensure that the individual exercised freedom of choices in selecting the PROVIDER,*
 - 3) *The PROVIDER shall not require or encourage congregation with other persons with disabilities;*
 - f. *Assist the individual to access the needed support or service by:*
 - 1) *Exploring the community for potential resources,*
 - 2) *Working with potential community resources to develop the capacity for providing the requested individual support,*
 - 3) *Ascertaining that service or support meets the need of the individual,*
 - 4) *Providing and sharing information, educating, and problem solving in order to assist the individual to access the service or support.*
11. *Individuals with emergency needs related to health and safety shall be referred to the PROVIDER by the DDD on a case-by-case basis for CLR short-term services. The DDD shall develop criteria and procedures for emergency referrals.*
12. *The PROVIDER shall establish an advisory committee within thirty (30) days of contract execution. The committee membership shall be representative of the respective community in which the PROVIDER provides its services. Advisory committee membership shall include, but is not limited to, the following representatives:*
 - a. *Individual(s) and/or family member(s);*
 - b. *Representative(s) of the business community;*
 - c. *Representative(s) of the community that are independent and have no relationship or affiliation with the PROVIDER, STATE, or target population;*

- d. *Representatives from the DDD will serve as ex officio committee members for the geographic service areas of the counties of Oahu, Kauai, Maui, and Hawaii.*
- 13. *The following shall be used as Guiding Principles in the development of advisory committee guidelines:*
 - a. *Fiscal Conservatism:*
Making things happen does not always require money. It is imperative that alternatives to paid supports be found. When support must be purchased, people will get what they need, pay only for what they get, make real investments, spend money more efficiently, and make adjustments as needed. To find the best quality for the most reasonable price, people are free to purchase in and out of the developmental disabilities-funded system.
 - b. *Limits on the use of public funds:*
 - 1) *The choice shall do no harm.*
 - 2) *The choice shall not be illegal.*
 - 3) *The choice shall not require the congregation with other persons with disabilities.*
- 14. *The PROVIDER's advisory committee shall establish written guidelines for the range of services and supports to be funded by the PROVIDER. The guidelines may include, but are not limited to, any conditions or considerations such as dollar limits on purchases, time limits, or types of services or supports, that the advisory committee will utilize in reviewing requests for funding.*
- 15. *The PROVIDER shall facilitate and ensure that the advisory committee sets, at a minimum, parameters listed below, in the establishment of their written guidelines.*
 - a. *Guidelines shall be consistent with the goal of the CLR contract.*
 - b. *CLR funding shall pass the test of public scrutiny (public scrutiny shall be defined as criteria, determined by the PROVIDER, which can publicly justify the use of STATE dollars).*
 - c. *Advisory committee members shall be free from conflict of interest when serving in their capacity as advisory committee member.*
 - d. *CLR funding shall not be used to pay for expenses incurred prior to the development of the individual's CLR Plan. As determined by the advisory committee, exceptions may be made on a case-by-case basis for emergency situations.*
 - e. *Environmental Accessibility Adaptations*
 - 1) *Three (3) written quotes shall be obtained on any request exceeding two-thousand dollars (\$2,000.00).*
 - 2) *Requests for permanent adaptations, modifications, or improvements to a residence shall be limited to a family home or the individual's owned home. CLR funds shall not be used to meet requirements for basic standards for compliance with STATE regulations for home licensure or certification.*

- 3) *Adaptations, modifications, and improvements shall not add to total existing square footage of the home. As determined by the advisory committee, exceptions may be made on a case-by-case basis.*
 - 4) *CLR funds shall not be used to pay for adaptations, modifications, and improvements to the home, which are of general utility and are not for the direct medical or remedial benefit to the individual. Examples include, but are not limited to, central air conditioning, flooring and carpeting, and other general household modifications and improvements. As determined by the advisory committee, exceptions may be made on a case-by-case basis.*
- g. *For minors [children under the age of eighteen (18)] living in the family home, CLR funding shall not be used to cover entire household costs considered to be basic parental responsibilities, such as housing, utilities, food, and other household expenses, including appliances. Basic parental responsibilities also include educational and medical expenses.*
 - h. *For adults living with others, CLR funding shall not be used to cover entire household costs for housing, utilities, food, and other household expenses, including appliances. CLR funding shall be prorated among the number of persons living within the individual's household. CLR funding shall not be used to cover household expenses for individuals residing in licensed care settings.*
 - i. *Requests for CLR funding for out-of-state and inter-island travel shall be limited to meeting an individual's health and safety needs and must be documented by a health care provider. Documentation shall be obtained by the individual or the individual's family/guardian and include verification that the needed medical service is not available within the individual's geographic area of residence or within the state. Travel expenses shall be limited to the individual's expenses for plane fare, transportation to and from the medical facility, and lodging. As determined by the advisory committee, exceptions may be made, on a case-by-case basis to cover travel expenses for an attendant, if one is necessary, to ensure the health and safety of the individual.*
 - i. *The DDD reserves the right to establish additional limitations, as appropriate, on the use of CLR funding for short-term supports.*
16. *The PROVIDER's advisory committee guidelines shall be:*
- A. *Submitted to the DDD for review and approval within sixty (60) days of contract execution;*
 - B. *Submitted to the DDD for review and approval in advance whenever revisions are to be made to the advisory committee guidelines.*

B. Management Requirements (Minimum and/or mandatory requirements)**1. Personnel**

- a. *The PROVIDER shall have staff with a bachelor's degree in social sciences or education or a bachelor's degree in another field plus one year verifiable experience working directly with individuals with disabilities or the elderly, directly oversee the CLR contract for short-term and long-term service.*
- b. *The PROVIDER shall provide sufficient staff-to-client ratio of competent staff for CLR long-term services that ensures:*
 - 1. *An environment of health and safety.*
 - 2. *CLR long-term services are individualized and person-centered in service delivery.*
 - 3. *Achievement of individual goals and outcomes.*
- c. *The PROVIDER shall ensure that all program staff receives training:*
 - 1. *At the start of the contract period to inform staff of the contract requirements and during orientation of new staff.*
 - 2. *At least once every two years on topics related to the individuals with developmental disabilities/mental retardation. The topics shall be determined and arranged by the PROVIDER.*

2. Administrative

The PROVIDER shall have administrative support staff to provide reporting, provide record keeping, provide disbursement, and provide other program requirement functions.

3. Quality assurance and evaluation specifications

- a. *The PROVIDER shall have a quality assurance and evaluation program.*
- b. *The quality assurance and evaluation program shall be agency-directed and reflect what the organization independently uses to monitor, evaluate, and improve the services and supports delivered.*
- c. *The PROVIDER shall develop and implement a satisfaction survey as part of the agency's quality assurance and evaluation program. Surveys shall be completed annually for long-term services and supports and upon service completion for short-term services and supports.*

4. Output and performance/outcome measurements

The PROVIDER shall report output, performance and outcome measurements to the DDD on the DDD's Community Living Resources (CLR) Agency Tracking Form. The PROVIDER shall also submit quarterly and annual program reports to the DDD.

5. Experience

- a. Knowledge of target population, e.g., DD/MR;
- b. Past experience in person-centered, individualized service delivery approach;
- c. Roles of individuals with DD/MR, parents/families/advocates in provider organization;
- d. Past experiences in provision of POS and/or Medicaid Waiver services, how long, brief synopsis of monitoring reports and satisfaction surveys.

6. Coordination of services

- a. Describe how provider works with community, e.g., give one example of project/initiative that increased community visibility of individuals with DD/MR;
- b. Describe provider's "access" to generic community resources, e.g. give one example of a generic community resource that provider has developed relationship with and has "easy" access to for individuals with DD/MR.

7. Reporting requirements for program and fiscal data

The PROVIDER shall comply with the following reporting and documentation requirements:

- a. *Program reporting:*
 - 1. *Submit monthly tracking forms within seven (7) calendar days after the end of each month,*
 - 2. *Provide quarterly written program reports within thirty (30) calendar days after the end of each quarter,*
 - 3. *Submit a written year-end report within forty-five (45) calendar days after the end of each twelve-month period of this Agreement, beginning August 15, 2006;*
- b. *Fiscal reporting:*
 - 1. *Provide Actual Expenditures and Income Reports as follows:*
 - a) *Quarterly Actual Expenditures and Report for the period July 1, 2005 to September 30, 2005, by October 31, 2005,*
 - b) *Thereafter, monthly Actual Expenditures and Income Reports beginning October 2005 up to, and including, June 2009.*

- c. *Submit reports in the format prescribed by the DDD to the Case Management and Information Services Branch, Contracts and Resource Development Section, 3627 Kilauea Avenue, Room 411, Honolulu, Hawaii 96816.*
- d. *The required content and format of all reports shall be subject to ongoing review and modification by the DDD. All program and fiscal reports shall be subject to resolution of the DDD's findings and recommendations resulting from program monitoring and fiscal monitoring of the PROVIDER's services.*

8. Pricing structure or pricing methodology to be used

- a. *CLR Long-Term Supports:* *The pricing structure reflects a modified cost contract. Seventy-five percent (75%) of the block-funding amount shall be available to fund direct client support services. A fixed rate of twenty-five percent (25%) of the block-funding amount shall be used to fund the agency's allowable administrative fees. The total compensation of direct client support services and allowable administrative fees shall be limited to the contract amount.*

The approximate amount of block-funding for CLR Long-Term Supports by geographical area is projected to be:

<u>Geographical Area</u>	<i>1st & 2nd Year</i>	<i>3rd & 4th Year</i>
<i>Kauai</i>	<i>\$124,750</i>	<i>\$127,250</i>
<i>Oahu</i>	<i>\$713,570</i>	<i>\$727,870</i>
<i>East HI</i>	<i>\$149,700</i>	<i>\$152,700</i>
<i>West HI</i>	<i>\$29,940</i>	<i>\$30,540</i>
<i>Maui</i>	<i>\$9,980</i>	<i>\$10,180</i>

- b. *CLR Short-Term Supports:* *The pricing structure reflects a modified cost contract. Seventy-five percent (75%) of the block-funding amount shall be used to fund direct client supports and services. The agency's allowable administrative fees shall be thirty-three and one-third percent (33-1/3%) of all actual direct client supports and services expenditures. The agency shall be guaranteed twenty percent (20%) of the block-funding amount for allowable*

administrative fees. The total compensation of direct client supports and services and allowable administrative fees shall be limited to the contract amount.

The approximate amount of block-funding for CLR Short-Term Supports by geographical area is projected to be:

<u>Geographical Area</u>	<i>1st and 2nd Year</i>	<i>3rd & 4th Year</i>
<i>Kauai</i>	<i>\$124,305</i>	<i>\$126,791</i>
<i>Oahu</i>	<i>\$963,105</i>	<i>\$982,367</i>
<i>East Hawaii</i>	<i>\$111,780</i>	<i>\$114,016</i>
<i>West Hawaii</i>	<i>\$112,293</i>	<i>\$114,539</i>
<i>Maui</i>	<i>\$123,793</i>	<i>\$126,269</i>

9) Units of service and unit rate

- a. The PROVIDER shall provide short-term services and supports no greater than three thousand dollars (\$3,000.00) per referral. The Provider shall provide technology supports on a one-time basis, not to exceed one thousand dollars (\$1,000.00).*

IV. Facilities

For long-term supports, the provider shall assure that facilities in the community where services are provided are ADA compliant and accessible to the individuals and families/guardians.

Section 3

Proposal Application Instructions

Section 3

Proposal Application Instructions

General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section. **See sample table of Contents***
- *Proposals may be submitted in a three ring binder (Optional).*
- *Tabbing of sections (Recommended).*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

II. Experience and Capability

A. Necessary Skills

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services for both long-term supports and short-term supports. For long-term supports, provide information related to facility and/or community based supports.

B. Experience

The applicant shall provide a description of projects/contracts pertinent to the proposed services. The applicant shall include points of contact, addresses, and phone numbers. The STATE reserves the right to contact references to verify experience.

Describe the following:

1. Knowledge of target population, e.g., DD/MR;
2. Past experience in person-centered, individualized service delivery approach;
3. Roles of individuals with DD/MR, parents/families/advocates in provider organization;
4. Past experiences in provision of POS and/or Medicaid Waiver services, how long, brief synopsis of monitoring reports and satisfaction surveys.

C. Quality Assurance and Evaluation

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology.

D. Coordination of Services

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

- a. Describe how provider works with community, e.g., give one example of project/initiative that increased community visibility of individuals with DD/MR;
- b. Describe provider's "access" to generic community resources, e.g. give one example of a generic community resource that provider has developed relationship with and has "easy" access to for individuals with DD/MR.

E. Facilities

For long-term supports, the applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed service. If

facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements.

III. Project Organization and Staffing

A. Staffing

1. Proposed Staffing

The applicant shall describe the proposed staffing pattern, client/staff ratio and proposed caseload capacity appropriate for the viability of the services. (Refer to the personnel requirements in the Service Specifications, as applicable.)

2. Staff Qualifications

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

B. Project Organization

1. Supervision and Training

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

2. Organization Chart

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

IV. Service Delivery

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (if indicated) a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

A. The applicant shall describe the following for both long-term and short-term supports:

1. Approach to meeting the goal of the service through its service activities. (Section 2. III. A)

2. Capacity to provide the required service (Section 2. III. B)
3. Ability to meet the minimum and/or mandatory management requirements for Personnel, Administration, Quality Assurance and Evaluation, Output and Performance/Outcome Measurements, Reporting Requirements for Program and Fiscal Data (Section 2. III. B)
4. Development of a work plan, including implementation strategy that is logical and realistic in its timelines and schedules to accomplish the major service activities and tasks (Section 2. III. A)
5. Clear description of work assignments and responsibilities (Section 2. III. A)

V. Financial

A. Pricing Structure

Applicant shall submit two (2) cost proposals, one (1) for long-term supports and one (1) for short-term supports utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget form(s) shall be submitted with the Proposal Application:

SPO-H-205
 SPO-H-206A
 SPO-H-206B
 SPO-H-206C
 SPO-H-206D
 SPO-H-206E
 SPO-H-206F
 SPO-H-206G
 SPO-H-206H
 SPO-H-206I
 SPO-H-206J

B. Other Financial Related Materials

1. Accounting System

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- a. Most recent audited or compiled financial statements.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

Section 4

Proposal Evaluation

Section 4

Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three (3) phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

Evaluation Categories and Thresholds

<u>Evaluation Categories</u>		<u>Possible Points</u>
<i>Administrative Requirements</i>		
<i>Proposal Application</i>		<u>100 Points</u>
Program Overview	<u>0 points</u>	
Experience and Capability	<u>20 points</u>	
Project Organization and Staffing	<u>15 points</u>	
Service Delivery	<u>55 points</u>	
Financial	<u>10 Points</u>	
TOTAL POSSIBLE POINTS		<u>100 Points</u>

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)

2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of Proposal Application (100 Points)

Program Overview: No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

1. *Experience and Capability (20 Points)*

The STATE will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- A. Necessary Skills (Section 2. III. A)** 5 points
- The applicant demonstrates skills, abilities, and knowledge relating to the delivery of the proposed services for:
 - Long-term supports for both facility and/or community based supports
 - Short-term supports
- B. Experience (Section 2. III. B. 5)** 5 points
- Knowledge of target population, e.g., DD/MR;
 - Past experience in person-centered, individualized service delivery approach;
 - Roles of individuals with DD/MR, parents/families/advocates in provider organization;
 - Past experiences in provision of POS and/or Medicaid Waiver services, how long, brief synopsis of monitoring reports and satisfaction surveys.
- C. Quality Assurance and Evaluation (Section 2. III. B. 3)** 5 points
- Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
The applicant describes how it plans to implement its quality assurance and evaluate the proposed service.
- D. Coordination of Services (Section 2. III. B. 6)** 3 points
- Demonstrated capability to coordinate services with other agencies and resources in the community.
 - Describe one example of a project/initiative where the applicant worked with the community that resulted in increased community visibility of individuals with DD/MR.
 - Describe one example where the applicant developed a relationship with a generic community resource that resulted in “easy” access for individuals with DD/MR.
- E. Facilities (Section 2. IV)** 2 points
- For long-term supports, facilities are adequate relative to the proposed services.

2. *Project Organization and Staffing (15 Points)*

The STATE will evaluate the applicant's overall staffing approach to the service that shall include:

- | | |
|--|---|
| <p>A. <i>Staffing (Section 2. III. B. 1 & 2)</i></p> <ul style="list-style-type: none"> • <u>Proposed Staffing</u>: The proposed staffing pattern, is reasonable to insure the health and safety of individuals, and the viability of the services. • <u>Staff Qualifications</u>: Describes the minimum qualifications (including experience) for staff assigned to the program. | <p><u>5 points</u></p> <p><u>5 points</u></p> |
| <p>B. <i>Project Organization (Section 2. III. B. 1 & 2)</i></p> <ul style="list-style-type: none"> • <u>Supervision and Training</u>: Demonstrates the ability to supervise, train, and provide administrative direction to staff relative to the delivery of the proposed services. • <u>Organization Chart</u>: Provides a clear description of the functions and staffing of the organization for the overall service activity and tasks. | <p><u>3 points</u></p> <p><u>2 points</u></p> |

3. *Service Delivery (55 Points)*

- | | |
|---|--|
| <u>Long-Term Supports (Section 2.1 D & III. A)</u> | |
| <ul style="list-style-type: none"> • For long-term supports, the applicant demonstrates the ability to meet the minimum and/or mandatory management requirements: Personnel; Administration; Quality Assurance and Evaluation; Output and Performance/Outcome Measurements; Reporting Requirements for Program and Fiscal Data. • Demonstrates the capacity to provide the required service. • Provides a logical work plan for the major service activities and tasks for long-term supports, including addressing the target population, FTE, and a description of how the CLR long-term plan will be developed and implemented. • Provides a clear description of the work assignments and responsibilities. • The work plan submitted detailing the development and implementation of the service is realistic in its timelines and schedules. | <p><u>5 points</u></p> <p><u>5 points</u></p> <p><u>7.5 points</u></p> <p><u>5 points</u></p> <p><u>5 points</u></p> |

Short-Term Supports (Section 2.1. D & III. A)

- For short-term supports, the applicant demonstrates the ability to meet the minimum and/or mandatory management requirements: Personnel; Administration; Quality Assurance and Evaluation; Output and Performance/outcome Measurements; Reporting Requirements for Program and Fiscal Data. 5 points
- Demonstrated the capacity to provide the required service. 5 points
- Provides a logical work plan for the major service activities and tasks for short-term supports, including addressing the target population, advisory committee development, and a description of how the CLR short-term plan will be developed and implemented. 7.5 points
- Provides a clear description of the work assignments and responsibilities. 5 points
- The work plan submitted detailing the development and implementation of the service is realistic in its timelines and schedules. 5 points

4. Financial (10 Points) (Section 3. V)

- The budget fully supports the scope of service and requirements of the Request for Proposal, is reasonable, given program resources and operational capacity.
 - Long-term supports 4 points
 - Short-term supports 4 points
- Adequacy of accounting system. 2 points

C. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

Section 5

Attachments

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Sample Tracking Forms and Instructions, Sample Quarterly and Annual Report Format
- D. Sample Actual Expenditures and Income Report and Instructions

Attachment A

Proposal
Application Checklist

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. *SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
General:				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	X	
Proposal Application Checklist	Section 1, RFP	Attachment A	X	
Table of Contents	Section 5, RFP	Section 5, RFP	X	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Registered)	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website* Special Instructions is applicable, Section 5		
SPO-H-205B	Section 3, RFP,	SPO Website* Special Instructions, Section 5		
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
Certifications:				
<i>Federal Certifications</i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
Program Specific Requirements:				
Most recent audited or compiled financial statements			X	

Authorized Signature

Date

Attachment B

Sample
Table of Contents

Proposal Application Table of Contents

I.	Program Overview.....	1
II.	Experience and Capability	1
	A. Necessary Skills	2
	B. Experience.....	4
	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
	E. Facilities.....	6
III.	Project Organization and Staffing	7
	A. Staffing.....	7
	1. Proposed Staffing	7
	2. Staff Qualifications	9
	B. Project Organization	10
	1. Supervision and Training	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
IV.	Service Delivery.....	12
V.	Financial.....	20
	See Attachments for Cost Proposal	
VI.	Litigation.....	20
VII.	Attachments	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification – Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification – Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification – Travel: Interisland	
	SPO-H-206E Budget Justification – Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirements	

Attachment C
Sample
Tracking Forms and Instructions

Sample Quarterly and Annual
Report Format

**SAMPLE
TRACKING FORM-
LONG-TERM AND
SHORT-TERM**

Long-Term Supports

Community Living Supports
Agency Monthly Tracking Log

Report Month_____

Agency Name

	A	B	C	D	E	F	G	H	I	J	K	L
1				CONSUMER NAME	BIRTH	ZIP	RECEIPT	PLAN	SERVICE /			
2	CM UNIT	CM NAME	ID NO.	(Last, First, M.I.)	DATE	CODE	DATE	COMP.	SUPPORT	SERVICE	FTE %	PROJECTED
					00/00/0000			DATE	TYPE	LOCATION		START DATE
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												

Long-Term Supports

Community Living Supports
Agency Monthly Tracking Log

Report Month_____

Agency Name

	M	N	O	P	Q
1	PROJECTED COST	\$ SPENT YTD	BALANCE YTD	DISCHARGE	REMARKS
2				DATE	
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

COMMUNITY LIVING RESOURCES (CLR)
AGENCY TRACKING FORM
INSTRUCTIONS

Long-Term Services and Supports

CLR Providers are to track activities for short-term and long-term supports separately. Two (2) tracking forms are to be submitted each month, one for short-term and one for long-term supports. Some adult clients will be accessing both services so their names should appear on both the short-term and long-term monthly tracking forms.

When a client is discharged from CLR service, do not delete the information from the file.

CRDS will be tracking long-term Services and Supports by type and by cost. If a client has more than one service and/or support identified on the CLR Plan, each service and/or support must be listed on a separate line on the tracking form. However, it is not necessary for the basic information to be filled out for every row. Only on the first line, will it need to have all cells filled; following rows thereafter will not need all basic information. For example, if a client has three (3) identified services, each service must be listed on a separate row, but only the first row will need to have the basic client information. The following rows thereafter do not need to have the CM unit, CM name, ID number, Consumer Name, Birth date, Zip Code, Provider Agency Receipt Date, and CLR long-term Plan Completion Date, filled out.

Column A.	CM Unit:	Enter case management unit number
Column B.	CM Name:	Enter case manager name
Column C.	ID NO.:	Enter client's DDCARES number
Column D.	Consumer Name:	Self-explanatory
Column E.	Birth Date:	Enter month, day, year (00/00/0000)
Column F.	Zip code:	Enter six-digit code
Column G.	Provider Agency Receipt Date:	Record the date that the provider agency received the referral form. The receipt date will be the admission date.
Column H.	CLR Long-term Plan Completion Date:	Record date when the CLR plan was completed
Column I	Supports and Services:	Indicate each requested consumer service or support by using the numeric codes 1 through 10, which best describes the service or support:

1. Relationship building

2. Learning to be a consumer
3. Personal assistance supports
4. Getting around
5. Communicating and expressing self
6. Job support and coaching
7. Volunteer opportunity support
8. Community activities
9. Other (*specify in remarks column AF*)

Column J. Service Location

- 1 = Facility based services or supports
 2 = Community based services or supports
 3 = Both Facility and Community based services or supports.

Use the number one (1) to indicate if the services or supports will be provided in a facility based setting or the number two (2) if the services or supports will be offered in a community based setting. If the services and supports are to be provided in both facility and community based settings, indicate by using the number three (3).

Column K. FTE %

Calculate the percentage of FTE participation for each individual by dividing the projected cost of services and supports by the unit rate of services. (*The percentages for all active participants may vary depending on the identified needs and projected costs for services and supports. Referrals will be based on available FTE or up to 75% of the annual contracted dollar amount.*)

For example, an individual who participates in a facility based program 5 days a week for 6 hours a day would probably have an FTE of 100% (\$7485.00). Another individual may only want to attend the facility based program 2 days a week and purchase services and supports in the community for one day a week. Calculation of the cost for both types of services amounts to \$5,000.00. This second individual's FTE would be 67% ($\$5000.00 \div \$7485 = .67$ or 67%)

Columns L. Projected Start Date:
 Indicate the projected start date for services.

Column M. Projected Cost: ***For community- based services and supports only.***
 Indicate the projected cost for **each** community based service and support.

Column N. \$ Spent YTD: Amount spent, year to date. ***For community based services and supports only.***
 Record the amount expended to date for each identified community based service or support

Column O. Balance YTD: Balance, year to date.
 Projected cost minus the amount spent, year to date equals the balance, year to date.

Column P. CLR Discharge Date:

Record the date when the client was discharged from CLR long-term Supports.

Column Q. Remarks:

Use this area to:

- Document any successes, barriers or activities impacting upon the individual's ability or inability to access the needed services or supports
- Describe any services and supports in column I (*code 10*) which were not included in codes 1 through 8.

Short-Term Supports

Community Living Supports
Agency Monthly Tracking Log

Report Month_____

Agency Name

	A	B	C	D	E	F	G	H	I	J	K	L
1				CONSUMER NAME	BIRTH	ZIP	RECEIPT	PLAN	SERVICE /			
2	CM UNIT	CM NAME	ID NO.	(Last, First, M.I.)	DATE	CODE	DATE	COMP.	SUPPORT	PROJECTED	PROJECTED	\$ SPENT
3					00/00/0000			DATE	TYPE	START DATE	COST	YTD
4												
5												
6												
7												
8												
9												
10												
11												
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18												
19												
20												
21												
22												
23												
24												

Short-Term Supports

Community Living Supports
Agency Monthly Tracking Log

Report Month_____

Agency Name

	M	N	O	P
1	BALANCE	SERVICE	CLR	REMARKS
2	YTD	END DATE	DISCHARGE DATE	
3				
4				
5				
6				
7				
8				
9				
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COMMUNITY LIVING RESOURCES (CLR)
AGENCY TRACKING FORM
INSTRUCTIONS

Short-term Services and Supports

CLR Providers are to track activities for Short-term and Long-term supports separately. Two (2) tracking forms are to be submitted each month, one for short-term and one for long-term supports. Some adult clients will be accessing both services so their names should appear on both the short-term and long-term monthly tracking forms.

When a client is discharged from CLR service, do not delete the information from the file.

CRDS will be tracking Short-term Services and Supports by type and by cost. If a client has more than one service and/or support identified on the CLR Plan, each service and/or support must be listed on a separate line on the tracking form. However, it is not necessary for the basic information to be filled out for every row. Only on the first line, will it need to have all cells filled; following rows thereafter will not need all basic information. For example, if a client has three (3) identified services, each service must be listed on a separate row, but only the first row will need to have the basic client information. The following rows thereafter do not need to have the CM unit, CM name, ID number, Consumer Name, Birth date, Zip Code, Provider Agency Receipt Date, and CLR Short-term Plan Completion Date, filled out.

Column A.	CM Unit:	Enter case management unit number
Column B.	CM Name:	Enter case manager name
Column C.	ID NO.:	Enter client's DDCARES number
Column D.	Consumer Name:	Self-explanatory
Column E.	Birth Date:	Enter month, day, year (00/00/0000)
Column F.	Zip code:	enter five-digit code
Column G.	Provider Agency Receipt Date:	Record the date that the provider agency received the referral form. The receipt date will be the admission date.
Column H.	CLR Short-term Plan Completion Date:	Record date when the CLR plan was completed
Column I.	Supports and Services:	

Indicate each requested consumer service or support by using the numeric codes 1 through 14 listed below, which best describes the service or support. If more than one service or support being requested, each request will require a separate line.

1. Companionship
2. Equipment: Select one of the following:
 - 2.1 adaptive (*wheelchair, walker, stander, etc.*)
 - 2.2 medical (*eye glasses, dentures, equipment rental, etc.*)
 - 2.3 repair and maintenance of equipment (*specify in remarks column AE*)
 - 2.4 other equipment needs (*specify in remarks column AE*)
3. Medical services (*physicians, lab and x-ray, etc.*)
4. Dental services
5. Personal supplies (*diapers, formula, wipes, medical supplies, etc.*)
6. Personal supports and services (*furniture, transportation, legal, etc.*)
7. Assistive technology (*computer, software, communication devices, etc.*)
8. Clothing
9. Community activities (*lessons, fees, etc.*)
10. Recreational supplies and equipment
11. Educational supplies
12. Therapy and training services
13. Environmental modification (*specify in remarks column AE*)
14. Travel (*specify in remarks column AE*)
15. Other (*specify in remarks column AE*)

Column J. Projected Start Date:
Indicate the projected start date of the CLR service or support

Column K. Projected Cost:

Indicate the anticipated cost for the CLR service or support

Column L. \$ Spent YTD: Amount spent, year to date
Record the total amount spent to date for the identified CLR service or support

Column M. Balance YTD: Balance, year to date
Record the available balance to date for the identified CLR service or support

Column N. Service Completion Date:
Record the date when the CLR service or support was completed.

Column O. CLR Discharge Date:
Record the date when the client was discharged from CLR Short-Term Supports.

Column P. Remarks:

Use this area to:

- Document any successes, barriers or activities impacting upon the individual's ability or inability to access the needed services or supports
- Describe repair and maintenance of equipment in column L (*code 2.3*)

- Describe any equipment need in column M (*code 2.4*) which was not included in columns J through L (*codes 2.1 through 2.3*)
- Describe environmental modification in column X (*code 13*)
- Describe other CLR needs in column Z (*code 15*) which were not included in columns I through Y (*codes 1 through 14*)

SAMPLE QUARTERLY AND ANNUAL REPORT FORMAT

CLR Long-term

AGENCY QUARTERLY REPORTS SAMPLE FORMAT

Reporting Period

Agency Name

Program: Community Living Resources Long-term

- I. Administrative (*Overall agency perspective of the contracted services*)
 1. Accomplishments and Successes (what is working well)
 2. Problems identified (what is not working)
Identify if problems are geography specific or system problems (forms, instructions, etc.)
 3. Resolution to identified problem or suggestion for corrective action
 4. Program and staffing changes
 5. Other comments
- II. Program's progress report (Program specific)
 1. Numbers contracted to serve
 2. Numbers served to date
 3. Program's stated goals and objectives
 4. Program's progress and current status as applied to goals and objectives
A few examples may include:
 - Types and range of services requested
 - Number and types of community contacts
 - CLR resources identified
 - Types and range of CLR supports and services accessed
 5. Successes and accomplishments for the quarter
 6. Barriers encountered during the quarter
 7. Recommendations for solutions and improvement to service delivery
 8. Costs/expenditures to date (projected and actual expenditures)

The CLR agency can use this as a guide to complete the quarterly reports that can include additional information. Parts of the report will reflect monthly tracking information.

CLR Short-term

AGENCY QUARTERLY NARRATIVE REPORTS SAMPLE FORMAT

Reporting Period

Agency Name

Program: Community Living Resources Short-term

- I. Administrative (Overall agency perspective of the contracted services)
 1. Accomplishments and successes (what is working well)
 2. Problems identified (what is not working)
Identify if problem areas are geography specific or system (forms, Instructions, etc.)
 3. Resolution to identified problem or suggestion for corrective action
 4. Program and staffing changes
 5. Other comments
- II. Program's progress reporting (Program specific)
 1. Numbers served to date
 2. Program's stated goals and objectives
 3. Program's progress and current status as applied to goals and objectives
A few examples may include:
 - Types and range of CLR requests
 - Numbers served by the type of services or supports
 - CLR resources identified
 - Types and range of CLR requests accessed
 4. Successes and accomplishments during the quarter
 5. Barriers encountered during the quarter
 6. Recommendations for solutions and improvement to service delivery
 7. Costs/expenditures to date (projected and actual expenditures)

The CLR agency can use this as a guide to complete the quarterly reports that can include additional information. Parts of the report will reflect monthly tracking information.

ATTACHMENT D

SAMPLE ACTUAL EXPENDITURES AND INCOME REPORT AND INSTRUCTIONS

LONG-TERM SUPPORTS

ACTUAL EXPENDITURES AND INCOME REPORT

Name and Address of Provider	Report Period			
	___07/05-09/05	___12/05	___03/06	___06/06
	___10/05	___01/06	___04/06	
	___11/05	___02/06	___05/06	
COST CATEGORY	Prior Period (1)	Current Period (2)	Yr to Date (1+2) (3)	Annual Budget
A. PERSONNEL COSTS:				
Salaries			0.00	
Payroll Taxes & Assessment			0.00	
Fringe Benefits			0.00	
TOTAL PERSONAL COSTS	0.00	0.00	0.00	0.00
B. OTHER CURRENT EXPENSES				
Airfare, Inter-Island			0.00	
Airfare, Out-of-State			0.00	
Audit Services			0.00	
Contractual Services-Administrative			0.00	
Contractual Services-Subcontracts			0.00	
Insurance			0.00	
Lease/Rental of Equipment			0.00	
Lease/Rental of Motor Vehicle			0.00	
Lease/Rental of Space			0.00	
Mileage			0.00	
Postage, Freight, & Delivery			0.00	
Publication & Printing			0.00	
Repair & Maintenance			0.00	
Staff Training			0.00	
Subsistence/Per Diem			0.00	
Supplies			0.00	
Telecommunication			0.00	
Utilities			0.00	
Direct Client Costs (Long-term Supports)			0.00	
			0.00	
			0.00	
TOTAL OTHER CURRENT EXPENSES	0.00	0.00	0.00	0.00
C. EQUIPMENT PURCHASES			0.00	0.00
D. MOTOR VEHICLE PURCHASES			0.00	0.00
TOTAL OPERATING COSTS: (A+B+C+D)			0.00	0.00
INCOME UNDER PROGRAM				
Income Under Contract			0.00	
Other Income			0.00	
Total Income	0.00	0.00	0.00	
Fund Balance (Deficit)	0.00	0.00	0.00	

Declaration: I declare that this report, including any accompanying schedules or statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the period(s) stated.

Signature

Date

Title

SHORT-TERM SUPPORTS

ACTUAL EXPENDITURES AND INCOME REPORT

Name and Address of Provider	Report Period			
	___07/05-09/05	___12/05	___03/06	___06/06
	___10/05	___01/06	___04/06	
	___11/05	___02/06	___05/06	
COST CATEGORY	Prior Period (1)	Current Period (2)	Yr to Date (1+2) (3)	Annual Budget
A. PERSONNEL COSTS:				
Salaries			0.00	
Payroll Taxes & Assessment			0.00	
Fringe Benefits			0.00	
TOTAL PERSONAL COSTS	0.00	0.00	0.00	0.00
B. OTHER CURRENT EXPENSES				
Airfare, Inter-Island			0.00	
Airfare, Out-of-State			0.00	
Audit Services			0.00	
Contractual Services-Administrative			0.00	
Contractual Services-Subcontracts			0.00	
Insurance			0.00	
Lease/Rental of Equipment			0.00	
Lease/Rental of Motor Vehicle			0.00	
Lease/Rental of Space			0.00	
Mileage			0.00	
Postage, Freight, & Delivery			0.00	
Publication & Printing			0.00	
Repair & Maintenance			0.00	
Staff Training			0.00	
Subsistence/Per Diem			0.00	
Supplies			0.00	
Telecommunication			0.00	
Utilities			0.00	
Direct Client Costs (Short-term Supports)			0.00	
			0.00	
			0.00	
TOTAL OTHER CURRENT EXPENSES	0.00	0.00	0.00	0.00
C. EQUIPMENT PURCHASES			0.00	0.00
D. MOTOR VEHICLE PURCHASES			0.00	0.00
TOTAL OPERATING COSTS: (A+B+C+D)			0.00	0.00
INCOME UNDER PROGRAM				
Income Under Contract			0.00	
Other Income			0.00	
Total Income	0.00	0.00	0.00	
Fund Balance (Deficit)	0.00	0.00	0.00	

Declaration: I declare that this report, including any accompanying schedules or statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the period(s) stated.

Signature

Date

Title

**INSTRUCTIONS FOR COMPLETING
ACTUAL EXPENDITURES AND INCOME REPORT**

ASO Log No.:	Enter the ASO Log No. identifying the Agreement/Contract.
Name and Address of Provider:	Enter the Providers name and address.
Report Period:	Place an X for the report period.
Column (1):	Prior Period. Enter the prior period (year to date) amounts for the cost item amounts for each cost item listed.
Column (2):	Current Period. Enter the current period actual expenditures amounts for each cost item listed.
Column (3):	Year to Date. Enter the sum of Column (1) and Column (2) for each cost item listed.
Annual Budget	Enter the requested annual budget amounts for each cost item listed.
TOTAL OPERATION COST: (A+B+C+D)	Enter the sum of the subtotals for Cost Categories A, B, C and D, for columns (1), (2), (3) and Annual Budget.
INCOME UNDER PROGRAM	Enter all revenues received under this Agreement for columns (1), (2), and (3).
Fund Balance (Deficit)	Enter the difference between Total Income and Total Operating Costs for columns (1), (2), and (3).
Declaration	Signature of person who prepared the actual expenditures and income report. Enter the date and title.
SPECIAL INSTRUCTIONS:	<p>The actual expenditures and income report shall be for a twelve (12) month period ending June 30th of each fiscal year of this agreement.</p> <p>Cost items under B. OTHER CURRENT EXPENSES that are not being used, may be deleted from this report and/or may be replaced with the Providers cost item(s).</p>